



GAMBIA TEACHERS UNION CO-OPERATIVE CREDIT UNION

Kanifing Institutional Area
Off the Coastal Road

Near Central Statistics Building, Kanifing

Phone: (220)4394055/4399331/4399332

Fax: (220) 4376192

Email:gtuccu96@gmail.com

INSTITUTIONAL WITHDRAWAL FROM SAVINGS FORM

Staff No:
Institution/ Committee: Emp. No:
Permanent Address: Directorate:
Total Savings: D..... In Words:
Are you repaying a loan? Yes ☐ No ☐
If yes, what is the balance:
How much do you want to withdraw? Balance after withdrawal:

TRUSTEES (at least two)

1. Name:	Position:	Signature:
2. Name:	Position:	Signature:
3. Name:	Position:	Signature:

OFFICIAL USE ONLY

Management's Comments:
.....
Signature: Status: Date:.....

Accounts Department

Amount Paid: Cash/ Cheque:
In words:
Prepared by: Account No:
Confirmed by: Approved by:

Type of ID Provided: PP☐ ID☐ VC☐ GTU ID☐

Appraising Officer

ID No:.....	Name:
Tel No:	Position:.....
Date of issue:.....	Station:
Place of issue:	Signature:
Expire Date:	